

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO

ADDRESS (number and street)

555 Capitol Mall, Suite 1425

Check if different
than previously
reported. (ACC)

Sacramento

CA

95814

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00626119

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☒ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
07 01 2016

through

M M / D D / Y Y Y Y Y Y
09 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Pulaski, Art, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Pulaski, Art, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 14 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		330324.96
(b) Cash on Hand at Beginning of Reporting Period.....	330324.96	
(c) Total Receipts (from Line 19)	44971.66	44971.66
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	375296.62	375296.62
7. Total Disbursements (from Line 31).....	4007.75	4007.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	371288.87	371288.87
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	7455.72	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7800.00	7800.00
(ii) Unitemized	100.00	100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7900.00	7900.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	37000.00	37000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	44900.00	44900.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	71.66	71.66
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	44971.66	44971.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	44971.66	44971.66

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	4007.75	4007.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4007.75	4007.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4007.75	4007.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4007.75	4007.75

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	44900.00	44900.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44900.00	44900.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	4007.75	4007.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	4007.75	4007.75

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Amalgamated Transit Union 1309

Mailing Address 7840 Lester Avenue

City
Lemon Grove

State
CA

Zip Code
91945

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2016

Transaction ID : INCA18

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. International Brotherhood of Electrical Workers Local 47

Mailing Address 600 North Diamond Bar Blvd.

City
Diamond Bar

State
CA

Zip Code
91765

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2016

Transaction ID : INCA6

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Teamsters Local Union No. 495

Mailing Address 225 North Barranca Street,
4th Floor

City
West Covina

State
CA

Zip Code
91791

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2016

Transaction ID : INCA19

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7800.00

7800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bricklayers and Allied Craftworker Local No. 3 PAC

Mailing Address 10806 Bigge Street

City
San Leandro

State
CA

Zip Code
94577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 14 / 2016

Transaction ID : INCA7

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. California Association of Highway Patrolmen PAC

Mailing Address 2030 V Street

City
Sacramento

State
CA

Zip Code
95818

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

09 / 20 / 2016

Transaction ID : NONA49

Amount of Each Receipt this Period

10000.00

☒ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. California Professional Firefighters PAC

Mailing Address 1780 Creekside Oaks, Suite 200

City
Sacramento

State
CA

Zip Code
95833

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

09 / 20 / 2016

Transaction ID : NONA46

Amount of Each Receipt this Period

10000.00

☒ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: SA11C

Transaction ID : NONA49

Original contribution received 10/24/14

Form/Schedule: SA11C

Transaction ID: NONA46

Original contribution received 11/4/14

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. California Professional Firefighters PAC

Mailing Address 1780 Creekside Oaks, Suite 200

City
Sacramento

State
CA

Zip Code
95833

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

09 / 20 / 2016

Transaction ID : NONA47

Amount of Each Receipt this Period

40000.00

☒ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. California State Council of Service Employees Political Committee

Mailing Address 1007 7th Street, 4th Floor

City
Sacramento

State
CA

Zip Code
95814

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150000.00

Date of Receipt

09 / 20 / 2016

Transaction ID : NONA48

Amount of Each Receipt this Period

100000.00

☒ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. California State Council of Service Employees Political Committee

Mailing Address 1007 7th Street, 4th Floor

City
Sacramento

State
CA

Zip Code
95814

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

150000.00

Date of Receipt

09 / 20 / 2016

Transaction ID : NONA50

Amount of Each Receipt this Period

50000.00

☒ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SA11C

Transaction ID : NONA47

Original contribution received 10/27/14

Form/Schedule: SA11C

Transaction ID: NONA48

Original contribution received 10/24/14

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11C

Transaction ID : NONA50

Original contribution received 10/23/14

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 25

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Costume Designers Guild Local 892 PAC

Mailing Address 11969 Ventura Blvd., First Floor

City
Studio CityState
CAZip Code
91604FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
09	26	2016

Transaction ID : INCA20

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. District Council of Iron Workers PAC

Mailing Address 1660 San Pablo Avenue, Suite C

City
PinoleState
CAZip Code
94564FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M	D D	Y Y Y Y
09	02	2016

Transaction ID : INCA4

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Political Action for Classified Employees of California School Employees Association

Mailing Address 555 Capitol Mall, Suite 1425

City
SacramentoState
CAZip Code
95814FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M	D D	Y Y Y Y
09	20	2016

Transaction ID : NONA53

Amount of Each Receipt this Period

25000.00

☒ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

11000.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SA11C

Transaction ID : NONA53

Original contribution received 10/20/14

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO

A. Professional Engineers in California Government PAC (PECG PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 455 Capitol Mall, Suite 501

City
Sacramento

State
CA

Zip Code
95814

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

09 / 20 / 2016

Transaction ID : NONA52

Amount of Each Receipt this Period

50000.00

☒ Memo Item

B. Retired Public Employees' Association - Independent Expenditure Committee (IEC-RPEA)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 T Street

City
Sacramento

State
CA

Zip Code
95814

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4100.00

Date of Receipt

09 / 20 / 2016

Transaction ID : NONA51

Amount of Each Receipt this Period

4100.00

☒ Memo Item

c. Service Employees International Union Local 1000 Candidate PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 555 Capitol Mall, Suite 1425

City
Sacramento

State
CA

Zip Code
95814

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

32296.62

Date of Receipt

09 / 20 / 2016

Transaction ID : NONA54

Amount of Each Receipt this Period

32296.62

☒ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: SA11C

Transaction ID : NONA52

Original contribution received 10/21/14

Form/Schedule: SA11C

Transaction ID: NONA51

Original contribution received 10/21/14

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11C

Transaction ID : NONA54

Original contribution received 10/15/14

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sheet Metal Workers Internation Association Local No. 104 PAC

Mailing Address 2610 Crow Canyon Road, Suite 300

City
San Ramon

State
CA

Zip Code
94583

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 26 / 2016

Transaction ID : INCA22

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. State Building and Construction Trades Council of California PAC

Mailing Address 1231 I Street, Suite 302

City
Sacramento

State
CA

Zip Code
95814

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 02 / 2016

Transaction ID : INCA5

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. State Building and Construction Trades Council of California PAC

Mailing Address 1231 I Street, Suite 302

City
Sacramento

State
CA

Zip Code
95814

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 26 / 2016

Transaction ID : INCA21

Amount of Each Receipt this Period

10000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 25

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
United Food and Commercial Workers Western State Council Candidate PAC

Mailing Address 8530 Stanton Avenue, Suite 2A

City
 Buena Park

State
 CA

Zip Code
 90620

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9000.00

Date of Receipt

09 / 20 / 2016

Transaction ID : NONA45

Amount of Each Receipt this Period

9000.00

☒ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

37000.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11C

Transaction ID : NONA45

Original contribution received 1/26/15

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO

Full Name (Last, First, Middle Initial)

A. Gibson & Company, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2016

Mailing Address 4600 Northgate Blvd., Suite 115

City
SacramentoState
CAZip Code
95834Purpose of Disbursement
Accounting Services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : EXPB38

Amount of Each Disbursement this Period

315.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Olson, Hagel & Fishburn LLP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2016

Mailing Address 555 Capitol Mall, Suite 1425

City
SacramentoState
CAZip Code
95814Purpose of Disbursement
Legal & Reporting Services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : EXPB35

Amount of Each Disbursement this Period

128.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Olson, Hagel & Fishburn LLP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2016

Mailing Address 555 Capitol Mall, Suite 1425

City
SacramentoState
CAZip Code
95814Purpose of Disbursement
Legal & Reporting Services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : EXPB36

Amount of Each Disbursement this Period

352.77

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

796.88

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO

Full Name (Last, First, Middle Initial)

A. Olson, Hagel & Fishburn LLP

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	1	6		

Mailing Address 555 Capitol Mall, Suite 1425

City
SacramentoState
CAZip Code
95814Purpose of Disbursement
Legal & Reporting Services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : EXPB37

Amount of Each Disbursement this Period

3170.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3170.87

TOTAL This Period (last page this line number only).....▶

3967.75

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 22 OF 25

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

California Labor Federation, AFL-CIO

Nature of Debt (Purpose):

Lodging and Travel Expenses for Canvassing.
9/23/16-9/30/16

Mailing Address 600 Grand Avenue, Suite 410

City
OaklandState
CAZip Code
94565

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD55

Amount Incurred This Period

1863.93

Payment This Period

0.00

Outstanding Balance at Close of This Period

1863.93

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

California Labor Federation, AFL-CIO

Nature of Debt (Purpose):

Lodging and Travel Expenses for Canvassing.
9/23/16-9/30/16

Mailing Address 600 Grand Avenue, Suite 410

City
OaklandState
CAZip Code
94565

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD56

Amount Incurred This Period

1863.93

Payment This Period

0.00

Outstanding Balance at Close of This Period

1863.93

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

California Labor Federation, AFL-CIO

Nature of Debt (Purpose):

Lodging and Travel Expenses for Canvassing.
9/23/16-9/30/16

Mailing Address 600 Grand Avenue, Suite 410

City
OaklandState
CAZip Code
94565

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD57

Amount Incurred This Period

931.97

Payment This Period

0.00

Outstanding Balance at Close of This Period

931.97

1) SUBTOTALS This Period This Page (optional)..... ►

4659.83

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 23 OF 25

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

California Labor Federation, AFL-CIO

Nature of Debt (Purpose):

Lodging and Travel Expenses for Canvassing.
9/23/16-9/30/16

Mailing Address 600 Grand Avenue, Suite 410

City
OaklandState
CAZip Code
94565

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD59

Amount Incurred This Period

931.97

Payment This Period

0.00

Outstanding Balance at Close of This Period

931.97

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

California Labor Federation, AFL-CIO

Nature of Debt (Purpose):

Non-Federal Independent Expenditures

Mailing Address 600 Grand Avenue, Suite 410

City
OaklandState
CAZip Code
94565

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD60

Amount Incurred This Period

1863.92

Payment This Period

0.00

Outstanding Balance at Close of This Period

1863.92

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

2795.89

2) TOTALS This Period (last page this line number only)..... ►

7455.72

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

7455.72

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 24 OF 25
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00626119 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item California Labor Federation, AFL-CIO			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 23 / 2016 </div>	
Mailing Address 600 Grand Avenue, Suite 410			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1863.93 </div>	
City Oakland	State CA	Zip Code 94565	Transaction ID : PDTE1 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 30 / 2016 </div>	
Purpose of Expenditure Lodging and Travel Expenses for Canvassing. 9/23/16-9/30/16			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24E</div>	
Name of Federal Candidate: Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 3727.86 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item California Labor Federation, AFL-CIO			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 23 / 2016 </div>	
Mailing Address 600 Grand Avenue, Suite 410			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1863.93 </div>	
City Oakland	State CA	Zip Code 94565	Transaction ID : PDTE2 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 30 / 2016 </div>	
Purpose of Expenditure Lodging and Travel Expenses for Canvassing. 9/23/16-9/30/16			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24A</div>	
Name of Federal Candidate: Trump, Donald, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 3727.86 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Pulaski, Art, , , [Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 10 / 14 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 25 OF 25
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Committee for Working Families, sponsored by the California Labor Federation, AFL-CIO				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00626119 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	
Full Name of Payee <input checked="" type="checkbox"/> Memo Item California Labor Federation, AFL-CIO			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 600 Grand Avenue, Suite 410			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">931.97</div>		
City Oakland	State CA	Zip Code 94565	Transaction ID : PDTE3 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure Lodging and Travel Expenses for Canvassing. 9/23/16-9/30/16		Category/Type <div style="border: 1px solid black; padding: 2px;">24E</div>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: Masto, Catherine Cortez, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">1863.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input checked="" type="checkbox"/> Memo Item California Labor Federation, AFL-CIO			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 600 Grand Avenue, Suite 410			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">931.97</div>		
City Oakland	State CA	Zip Code 94565	Transaction ID : PDTE4 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure Lodging and Travel Expenses for Canvassing. 9/23/16-9/30/16		Category/Type <div style="border: 1px solid black; padding: 2px;">24A</div>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: Heck, Joe, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">1863.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Pulaski, Art, , ,</u>		[Electronically Filed]		Date <input type="text"/> / <input type="text"/> / <input type="text"/>	